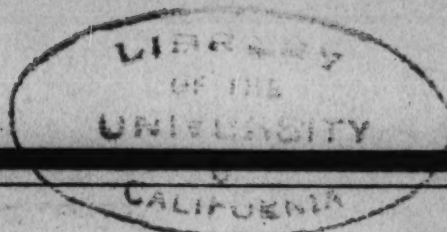


GIFT  
JUN 6 1913



VOL. VI

NO. 6

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL.

ISSUED MONTHLY

JUNE, 1913

O. C. WELBOURN, A. M., M. D., Editor

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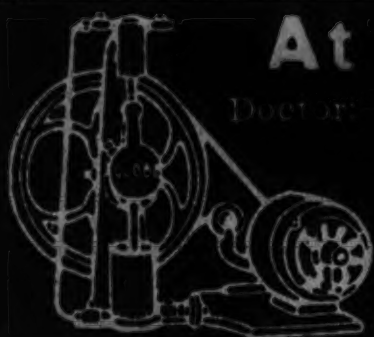
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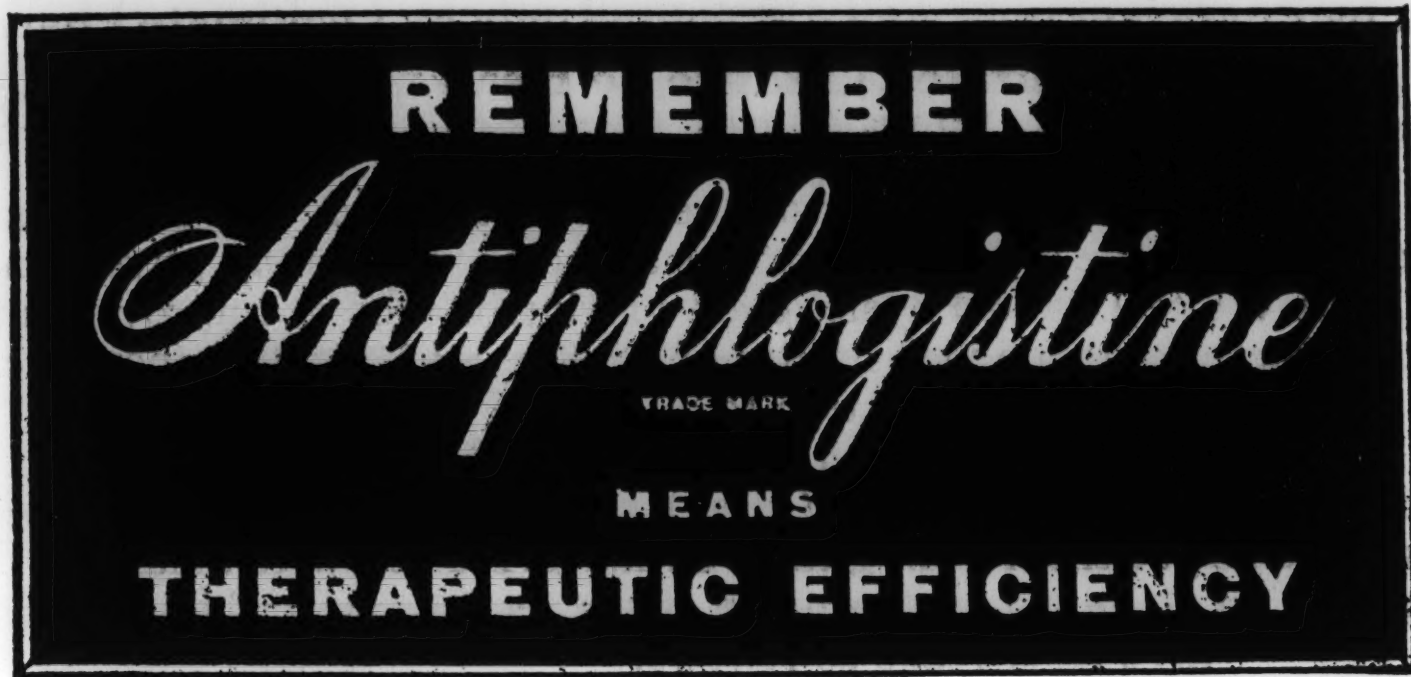
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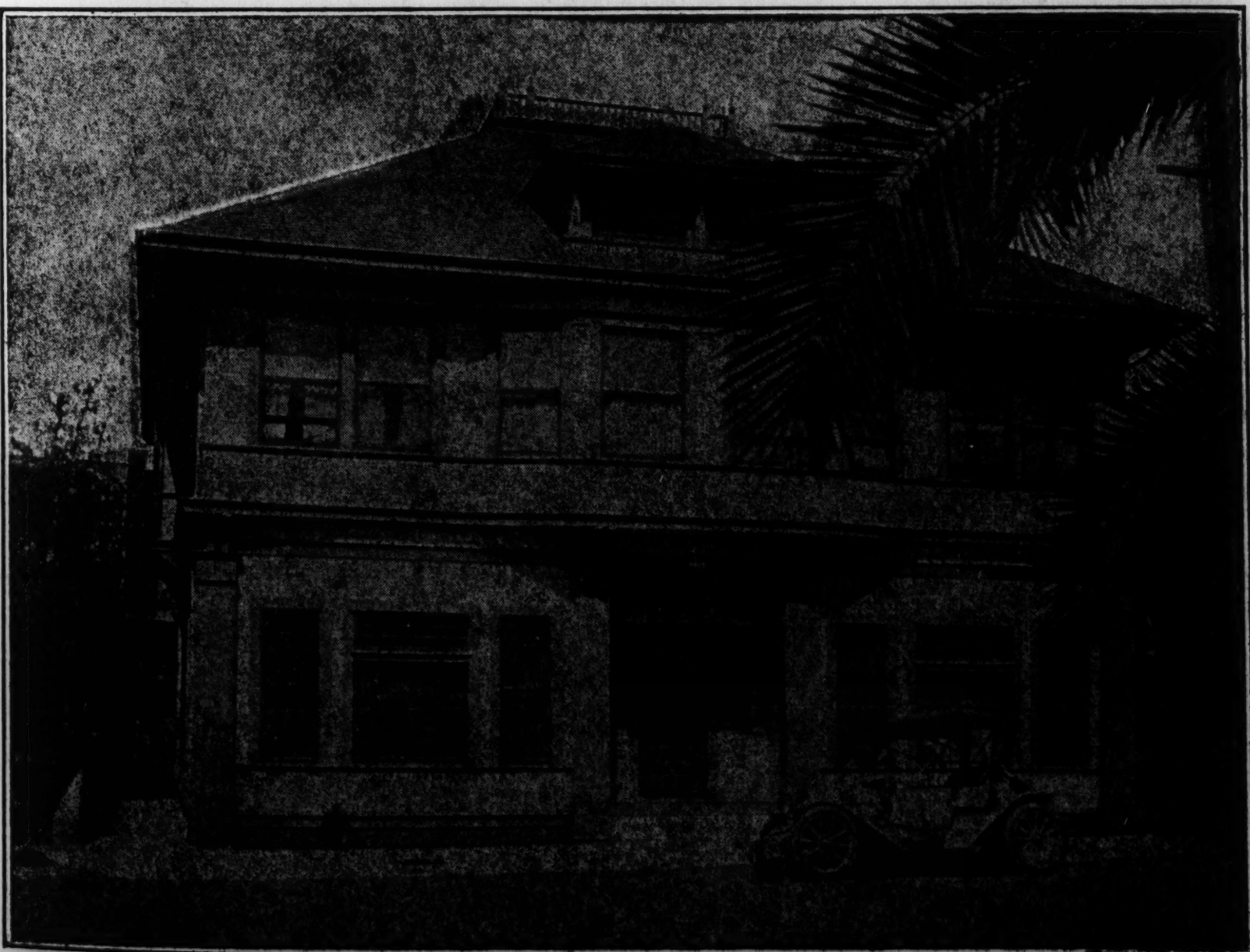
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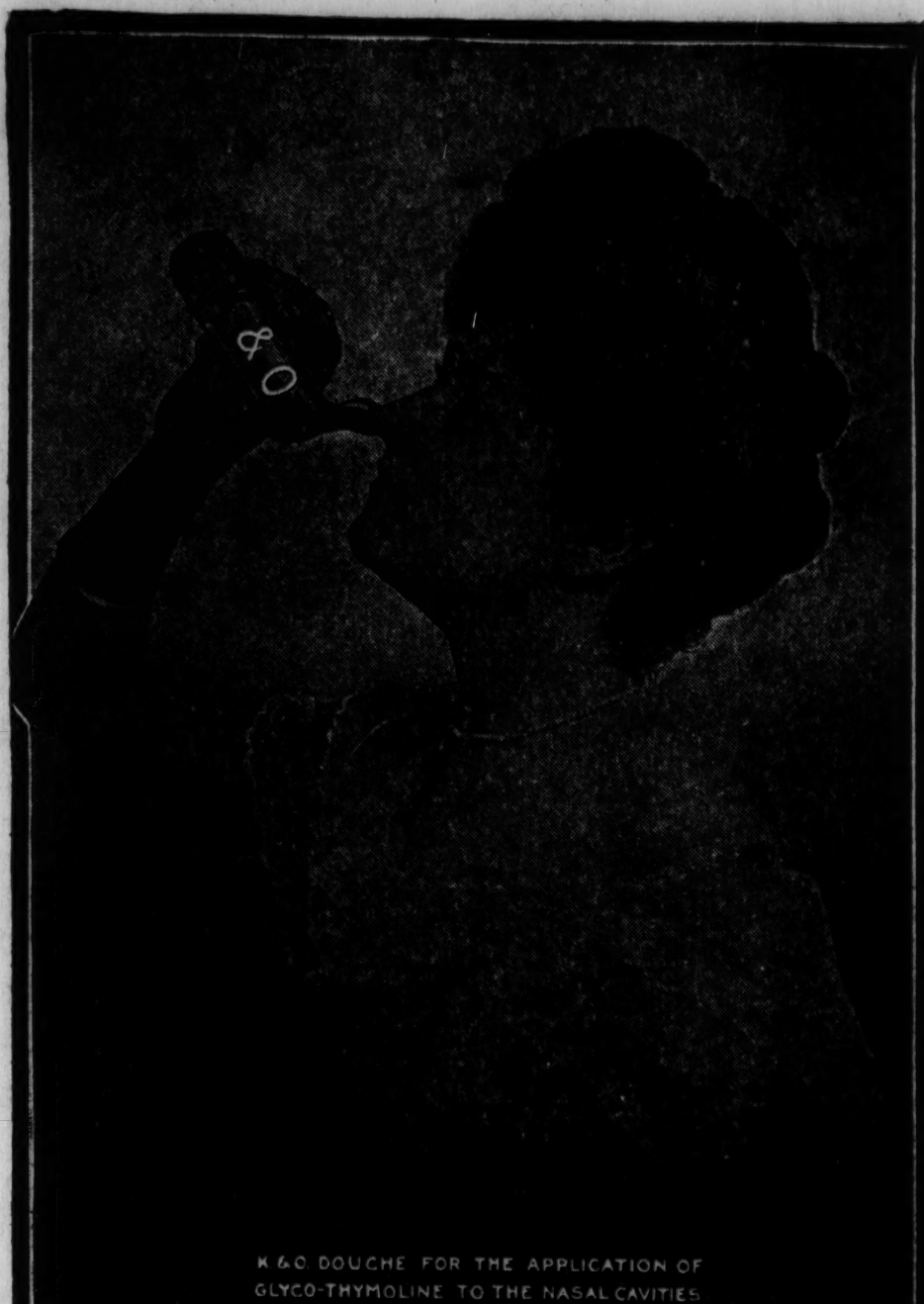
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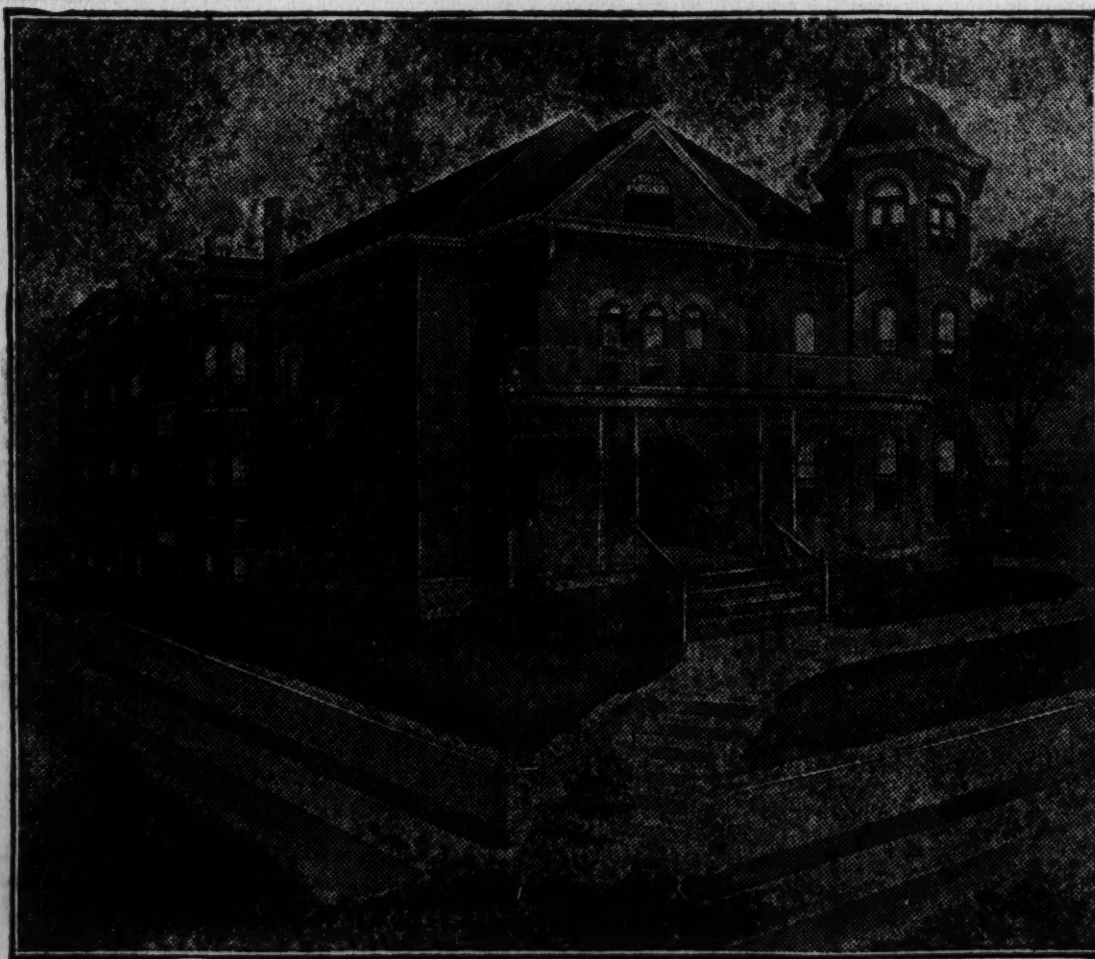
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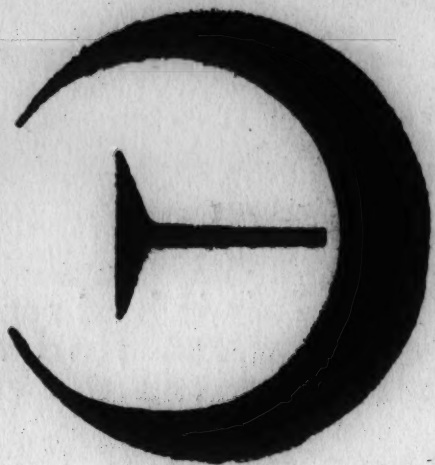
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# The California Eclectic Medical Journal

Vol. VI.

JUNE, 1913

No. 6

## Original Contributions

### THE GONOCOCCUS

W. B. Church, M. D., Gary, Indiana.

It is now more than thirty years since we were introduced to this microbe as the causal germ of a venereal disease that has wide prevalence and a long history. It seems to be a case in which knowledge of the cause has had the effect to increase the gravity and lessen our ability to cope with the disease.

Most recent writers assert that gonorrhoea is a far more serious malady than generally supposed, and admonish us to more thorough and persistent treatment.

However, we should not advise a traveler who has taken the wrong road, to increase his speed. Before urging more thorough and more persistent treatment, it may be well to see whether the treatment is well or ill advised. The divergent views of authorities, with the multiplicity of remedies, raise a suspicion that the standard treatment is at least defective, but so mild a verdict falls far short of the truth. It is no exaggeration to say that mankind would be far better off today if no doctor had ever tried to cure a case of gonorrhoea. It is up to the profession to determine if the best they can do for the victims of gonorrhoea is to increase their sufferings and disabilities a thousand fold. That this is a moderate statement of the treatment they have so long applied can be fully demonstrated. That a complete demonstration of the havoc wrought by them will cause them to abandon such a pernicious treatment let no one flatter himself. A striking peculiarity of the medical man is his persistence in following a beaten path. He is so full of enthusiasm over the promise of wonderful progress in the near future that he is indifferent to errors that have become hoary with age—long indulgence. That we must look to the next or future generations for needed changes is but a repetition of the experience of all who have tried to disabuse the medical mind of error. We always have to go back to Nature for the necessary pointers when we have gone wrong.



In a perfunctory way we talk of aiding Nature when we take charge of a sick man, but in no other case than the one under consideration do we act in a way so diametrically opposed to her.

Nature has a plain definite plan in combating gonorrhoea, and an invariable method of carrying it out. The plan is to confine the invading Gonococci in such limited space as to check their prodigious rate of reproduction, and insure their early destruction from the toxins of their own excretions. Her method is as effective as the plan is admirable. Immediately the gonococci gain access to the bodily tissues leucocytes, in great numbers, leave the blood vessels in that vicinity and surround the focus of infection, infiltrating the adjacent tissues, pressing into all interstices until they have erected a wall or barrier about them too dense to permit their dispersion. The technique of this defensive measure involves more or less discomfort and disturbance of function. In the usual location, the prepuce, the glans penis, the urethral wall, the whole distal end of the penis are hypertrophied and greatly increased in density. The caliber of the urethra is so much encroached upon that micturition is made difficult and painful. Other incidental discomforts of the barricade are phimosis, paraphimosis, balanitis and chordee, all of which are unavoidable incidents of the method of cure, which must be patiently borne until the purpose of the barricade is accomplished.

When the focus of infection is an eye, the plan and method of resistance are the same, and the incidental discomfort more marked. The lids are puffed into great cushions, leucocytes pack the conjunctiva until it is so distended that it folds in a dense ridge upon itself; the cornea becomes hazy and dense to a degree very menacing to its circulation. Even the aqueous humor is infiltrated until it is no longer aqueous, but a thick viscid mass. Each of these several phenomena are, by medical men, interpreted as evidence of intense inflammation, but with no suspicion of their real purpose. Treatment is directed with the purpose of subduing the inflammation and destroying the gonococci. It is no exaggeration to say that no treatment thus far devised can be applied with any assurance that it will not aggravate the disease and increase the tendency to development of dangerous sequelae.

Nature is still wiser than any of her children, even though they be doctors. We have seen that her chief care is to corral them (the gonococci) strictly within the area they have invaded; as they have no power of spontaneous movement, it is not difficult to barricade them; leaving open only the route by which they entered from the urethra, the increase can only be accommodated by pressing them back into the urethra,



and as progress in other directions is blocked, continuous accessions force them out through the meatus in a thick creamy fluid. The weak point in this blockade springs from the necessity of leaving the posterior urethra sufficiently patulous for urination. The principal reliance to meet this emergency is by frequent urgent calls to urinate; the urinary stream acquiring increased force from narrowing and obstruction of the passage, determines the direction of the flow outwards.

The contest will be maintained with little change for from seven to ten days, when there will be signs of diminishing activity and vigor, or as we are accustomed to call it, subsidence of the acute stage. This change is really due to the poisoning of the germs from their own excretions to which they must soon succumb, provided the close blockade is rigidly enforced and maintained. As soon as the invaders thus perish, the barrier is quickly removed, with immediate restoration of comfort and normal functions. It remains to inquire to what extent, if any, does the doctor in attendance contribute to this happy outcome. It is evident that the all important investment of the original focus of infection was greatly facilitated by the inability of the germs to make spontaneous movements; this insured quiet submission to their fate, which might have been very different if they could have scattered in all directions. All forms of life have the quality of irritability or response to external stimuli; such single celled organisms as have no organs of locomotion may transfer themselves from one location to another, not purposely, but by reflex or automatic response to stimuli. For instance, just at the time the leucocytes were trying to corral a colony of gonococci that had set up in business on the body tissues, and were feeding contentedly, let them be suddenly drenched with a highly irritating solution, and they will instantly respond with alternating frantic movements of expansion and contraction that will persist until they are carried beyond the sphere of influence of the obnoxious irritant. Some will burrow beneath the surface and be carried along the lymph spaces into joints; others will reach the blood stream through the capillaries and be widely distributed, completely subverting Nature's plan for disposing of them, and leaving them free to do their worst, and maintain possession indefinitely. Aided by confederates of various kinds, they will be responsible for many painful, persistent and crippling maladies, often spoken of as chronic rheumatism of an inveterate and hopeless type. It goes without saying that of themselves gonococci could never become such a scourge. It becomes possible only by thwarting with senseless treatment Nature's method of antagonizing them. Obsessed with the idea that a cure of gonorrhoea is only to be



obtained by destroying the gonococci, the search is kept up for a remedy that will do this without harming the patient. The remedies advised are legion, and the solutions are of all degrees of strength. Many have been devised that cause them to **disappear**, but we have seen that the result of such disappearance has been favorable to the gonococci but disastrous to the patient. Meantime, no gonococci has been destroyed, only the disease has become more and more a scourge, until Osler declares it hardly second to syphilis.

The single crumb of comfort for the great regular medical profession in their colossal failure to cope with this disease is Crede's prophylaxis in ophthalmia neonatorum. They are naturally inclined to make much of this; some state boards have furnished the physicians of the state an outfit, and inserted in each birth certificate a demand that the physician admit he has applied it. It is clearly a requirement far more honored in the breach. This prophylaxis is due to the fact already dwelt upon; the silver nitrate in 2 per cent solution is extremely irritating to the germs, and if applied before they have perforated the delicate epithelium, it excites very lively reflex movement to remove them from contact with it; the only route open is through the palpebral fissure. As the doctor doesn't see them emerge, he flatters himself they were killed by the solution.

It is a barbarous and unnecessary method that should be replaced by irrigation with normal salt solution; that is excellent treatment also even after the discharge shows the germs have perforated the epithelium; whereas the silver solution at this time, has proven disastrous and sure to cause blindness.

Not to tax your patience further, allow me to point out the one chance you have to really assist Nature, and secure a speedy cure of every case, and avoid so-called sequelae in every case. By irrigation of the anterior urethra at the outset with a mild unirritating solution. The normal salt solution is excellent for the purpose; it will be easy to prevent any germs from reentering through the posterior urethra, and ensure expulsion of all the increase through the meatus. Never use any irritating chemicals such as Potas. perman. or merc. bichlor. The irrigating stream must not be given sufficient force to send it beyond the compressor or cut-off muscle, leaving this to reverse the current and make it find an outlet through the meatus. The solution should not be hot, for an excess of heat would irritate and excite to the reflex action we especially wish to avoid. As much as two quarts of the saline solution should be used at each treatment, should be repeated twice a day for three or four days, and then once a day for a



week or ten days. All cases treated promptly at the outset, if not aggravated by injection or other attempts at treatment before you see them, will be cured inside of three weeks, and you will not be annoyed with gleet, chronic gonorrhoea or any of the so-called sequelae.

### **A CASE OF EPULIS OF THE LOWER JAW**

**B. R. Hubbard, M. D., Los Angeles.**

(Read before the California Eclectic Medical Society.)

It is quite common for surgeons and others to call any soft growth springing from the gums an Epulis, however the term should be applied only to such tumors as have their origin in the periosteum or alveolar margins of the jaws, affecting the overlying soft parts secondarily, its appearance being first manifested between or by the side of the teeth as a small bright red spongy tumor, which develops more or less rapidly, depending entirely upon the nature of its structure and the tissue from which it originates. This form of growth is usually slow but if left undisturbed it often attains great size, causing marked deformity. As to form this growth is divided into two classes, the pedunculated and sessile, also according to the character of its structure into the benign and malignant. The benign growth is frequently observed in early life and not infrequently in individuals over twenty years of age, while the malignant growth is most likely to be encountered in persons past the middle age of life, and having their origin in an alveolar cavity from which some time previously one or more teeth had been removed. Such a condition does not always present, as frequently, the growth starts in the alveolar border loosening the teeth which are usually removed under the belief that the fangs are diseased, causing the tumefaction.

Some of these growths are hard and cartilagenous, others soft and spongy. The latter is the most destructive, especially if of the small-celled variety, frequently attacking the body of the jaw bone resulting in degeneration of the osseous structure. The soft or spongy Epulis may contain both the small and giant cells, intermingled between the fibrous tissue, and as it increases in size becomes exceedingly vascular.

The growth becomes tender and painful from frequent attempts to masticate food, the opposing teeth often forming deep indentations in the pulp-like mass sometimes causing hemorrhage, the blood permeating the stroma of the tumor, giving it a brownish appearance, giving rise to the name "pigmented epulis."



While this kind of tumor is undoubtedly malignant it is only locally so considered, and if not thoroughly removed in attempts to bring about a cure through surgical measures, it will return again and again.

Epulis will not yield to medicinal treatment at any stage of its development. If the true nature of the growth is discovered early one or more of the teeth next to the tumor should be extracted and that portion of the periosteum and alveolar process in which it originates removed with a sharp curette. The base of the pedunculated form may be incised with a small curved bistoury and that portion of the periosteum from which it springs may be dissected from the alveolar process with the tumor and in this way effect a cure.

The sessile growth will necessitate the removal of a considerable portion of the adjacent osseous structure to insure getting outside the diseased area including the tumor to prevent recurrence.

Some months ago the writer was asked to take professional care of a lady having a malignant epulis, its origin being in the right lower maxillary bone involving the middle and a portion of the ramus of the jaw. The patient, an "ancient maiden lady" some fifty years of age, first noticed the small tumor some six months previous to the time I first saw her. It appeared beneath a section of gold plate which embraced two molar teeth. Thinking that perhaps the plate was not properly fitted to the gum and was the cause of the local disturbance she had it removed. After which time the growth developed rapidly until it reached the size of an egg extending mostly outward involving the tissues of the cheek and also pushing inward from the jaw against the base of the tongue, it being so large that the patient was unable to close the mouth by an inch or more, although the upper opposing teeth were imbedded into the stroma of the morbid mass almost their entire length. The patient experienced but little pain in the tumefaction except when eating. There was little or no rise of temperature, the pulse rate a little increased which was not due so much to the presence of the morbid growth as it was to the anemic condition of the patient, there being no other symptoms of note except the abnormal swelling of the cheek.

The removal of the growth, together with a part or all of the jaw bone that might be involved was advised and consented to, but previous to executing the work an incision was made to the depths of the growth and a small piece of tissue removed for examination, which being made proved the growth to be a giant celled sarcoma.

The patient at once entered the hospital and after the necessary preparation, underwent the operation, the technic of



which, will be briefly given, owing to some peculiar features in the case.

After the face and neck was rendered aseptic a curved incision was made from in front of the ear downward and back of the ramus of the jaw bone to a point near the lower portion of the mental symphysis, dividing the skin, superficial fat and fascia exposing the masseter muscle, which was divided about its middle and each lateral half reflected back from the underlying growth after the tegumentary flap had been dissected free and turned upward and forward over the superior maxilla. While executing this work care was taken not to divide the facial nerve, it being retracted to one side while the malignant mass was being removed.

The tumor was a spongy mass the size of a large egg. While dissecting it from the jaw bone hemorrhage was very free and so difficult to control by ligature on account of the friability of the tissues that it was necessary to cut down upon and ligate the external carotid artery. The parotid and sub-maxillary glands were found involved in the disease and were removed. On exposing the inferior maxilla it was found that a portion of it was absorbed by the disintegrating effect of the disease, over an inch of it was thus affected leaving the jaw in two sections. The bone was bared within an inch of the mental symphysis and divided with a wire saw and removed. The other section was then dissected free from the adjacent soft structures and disjointed from the temporal bone and also removed. This amount of tissue removed, a ghastly wound resulted. All bleeding points were next secured by ligature, the traumatism cleared of blood and other fluids; the ends of the masseter muscle were then approximated and secured with cat-gut and over this the skin flap was turned back into place and secured with fine horse-hair, using the chain-stitch form of suture.

The patient was not in a good condition to withstand so severe an operation, being somewhat anemic from long confinement from chronic pleuritis and rheumatism. Notwithstanding this embarrassing condition she recovered quickly from the operation and left the hospital at the end of the second week and at the expiration of a month the wound was healed with little deformity and scarcely any paralysis.

Four months after the operation there was no evidence of the return of the growth. The external parts involved in the operative procedure had well assumed their normal condition and the patient could masticate her food as well as ever she could. This case may be considered exceptional as the "operation was a success and the patient lived."



**SERUMTHERAPY IN ERYSIPELAS**

**Oran Newton, M. D., Long Beach, Cal.**

(Read before the California Eclectic Medical Society.)

My object in writing this paper is to describe the apparent action of antistreptococci serum in the treatment of a case of facial erysipelas. Mr. M., age 58 years, developed a case of facial erysipelas which ran a typical course. Beginning with a chill, soon followed with a temperature of  $103\frac{1}{2}$ . The infection beginning on right side of face crossing bridge of nose, traveling upward through the scalp and down the back of the patient. The right side of face was more affected than the left. Temperature ranged from 101 to  $104\frac{1}{2}$  until end of eighth day, when it dropped to normal and going slightly below normal in the morning with slight rise in the afternoon. The swelling almost entirely subsiding in the face, but the back of patient still showing active infection. From 9 to 13 day—morning temperature subnormal with afternoon rise to 101-102. On the 14th day the infection began repeating itself, traveling over the same course as it did the first time, only affecting the left side of face more than the right. This was a peculiar case inasmuch as the infection repeated itself for the second time. The third time the infection traveled the same route as before, but did not seem to be so severe as the swelling was not so great and did not last for so long a time, as the two times previous. I have never seen a case of facial erysipelas repeat itself as did this one. Several practitioners, to whom I have described the case, state that they do not recall any case similar to this one in this respect. The infection certainly was a severe one extending down the back of the patient covering the thighs and upward over the shoulders covering the anterior surface of arms one-third the distance to the elbows.

Now for the treatment. Internally Tr.—Chloride of iron and veratrum were given from the first. Echafolta, Phytolacca, Gelsemium, Salicylates and other remedies were given from time to time as they were indicated. The bowels were flushed daily with saline laxatives and high saline enemas. Locally applications of Sp. Veratrum full strength, Crede's ointment, "which is a silver preparation," Bichloride Hg 1/5000 Sol., Campho-Phenique full strength and Tr Iodine were made in order named with about equal results. None of them seemed to have any effect toward checking the spread of the infection but to some extent were palliative and soothing to the patient.

On the 26th day from beginning of the infection, an injection of 10 C. C. of Streptolytic serum "Cutter" was given.



At this time morning temperature sub-normal. Afternoon temperature  $104\frac{1}{2}$ . This dose of serum was given for five consecutive days. On the second day after the first dose was given temperature reached 103. On sixth day temperature  $102\frac{1}{2}$ . On eighth day temperature 99.6. On ninth day the temperature did not go above 98. During convalescence temperature did not go above normal and most of the time was slightly sub-normal.

Having had very little experience with serum I am not in a position to determine just when it will do good, but it apparently did good work in this case. On the seventh day after the first dose was given, an eruption which lasted for five days, much resembling Urticaria appeared upon lower extremities, thighs, and abdomen, which was very annoying to the patient, causing nearly as much distress as did the erysipelas. Streptolytic serum is said to act by bacteriolysis. Its action in the blood is claimed to be destructive and antagonistic to the streptococci. I do not know how it works, as this was my first experience with serum in the treatment of erysipelas.

### **THERE IS NOTHING NEW UNDER THE SUN.**

**R. Emmett Foley, M. D., Stockton, Cal.**

(Read before the California Eclectic Medical Society.)

Regardless of the eulogistic opinions of those who wrapped in optimistic or egotistical mantels hold aloft the phantom banner on which is inscribed the science of medicine.

Now there is no true science in medicine except it be that chance and empiricism dominate the practice of medicine. Eclecticism in medicine is practically the application of the American utilitarian idea that fact rather than fancy should dominate in matters pertaining to the healing art. Eclecticism is doing away with that uncertainty in medical practice which has ever been its bane.

In pure politics it is not party, but policy; not men, but measures. In right religion it should not be creed, but conduct; not manner, but morality; not preaching, but practice. Be sure and remember this: that in modern medicine it is not name, but condition; not sect, but sense; not pathy, but results; neither creed nor code, but cure.

The practice of medicine is something or it is nothing, according to your ability. If you have taken in the pathological conditions as they appear, and have not been sidetracked by name or too much mixing of drugs, you are OK. On the other hand if you place too much reliance on theories and haphazard prescribing you are eternally lost—and so is the patient. You must remember that medicine has never reached



the altitude of a perfect science, and I venture to assert never will unless the medicine is a specific for the condition for which it is prescribed.

When we come to understand the pathological conditions of disease we will not mix our medicines as we do now, but will depend more upon single remedies, for I verily believe that I can do more with single remedies than a combination of medicines. So give a thought to the specific medicine Echa-folta or Echinacea in Typhoid it is sure. What about Bella-donna in Whooping Cough? Think of Aconite in initial fever of children. You can surely reduce chronically enlarged tonsils with specific medicine; Phytolacca without having to resort to amputation. Rhus in Erysipelas is the ticket; vote it. Dios-corea in bilious colic. In Pneumonia give Veratrum or Bryonia; they are the remedies.

I have said and have published an opinion, that a physician, under favorable circumstances, should reduce the mortality in pneumonia less than four per cent or quit the practice of medicine. We have the remedies for such results without resorting to the nauseating compounds generally given in pneumonia. First, we must study the pathological conditions, the individual peculiarities of each patient. The nosological name of John Doe's disease may be the same as that which affects Richard Roe, but the treatment perhaps should be different as the patients differ from each other. So study individuality. Whether you cure disease or not, you will cure sick people. What do we care for disease, so our patients get well by the use of specific medication.

I believe it was once said by Dr. Cooper that all persons who die because they were not properly treated had been positively killed—and the number runs into multiplied millions. Why is this? Because definite actions of medicines have been ignored by a very great majority of physicians, and in doing so they have at the same time ignored the sound pathological conditions for remedies. Again, we have not tested our remedies singly so as to understand the affinity of each one, together with the remedial effect.

The treatment of disease by name regardless of the pathological indications for the specific remedy, has been a stumbling block to medical science and a curse to past generations. This promiscuous prescribing for name is one of the most unscientific methods in the practice of medicine. On the other hand all the science in medicine is the outcome of specific testing of medicines. Direct methods, direct remedies and practical ideas. This idea is emphatically as regards the single remedies, and will have much influence over indiscriminate drugging, which often produces toxical effects.



### The Single Remedies.

It is not necessary to combine many remedies; it is only a habit. We can never feel sure of the physiological action. Success in therapeutics can only be obtained by studying the action of single remedies given alone. In studying the action of single remedies, when we thoroughly understand the true medicinal conditions of remedies and find it necessary to unite the action of other remedies, we usually prescribe them separately or give them alternately.

So says Sir Thomas Watson: "Far from thinking our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of the modern rifle instead of the wild flight of the old smooth bored shotgun. Our remedies should be simple, that is, they should be mixed as little as possible."

Says Brown Sequard: "I find very little is known as regards the real and ultimate actions of remedies and this is much to be regretted, as therapeutics will cease to be empirical until this last kind of knowledge is obtained."

Now this is almost the universal confession of the so-called regular medicines. And such will be the case just so long as men prescribe for name instead of the pathological conditions of disease.

### THE DOCTOR.

M. B. Morey, M. D., Smiley, Texas.

(Read before the Texas Eclectic Medical Society.)

"Backward, turn backward, oh time, in your flight,  
Make me a child again just for tonight."

One of the strongest memories of our earliest childhood is of our father lifting us from his knee while we protested, saying: "Yes, dear, papa must go, some one is suffering," and it was a long time before we understood why he must go, and we do not remember that we ever became reconciled to the fact.

We often wonder even yet if the laity ever realize what the family of a physician gives up that they may have prompt attention or care when the doctor is called, but we do know that our young hearts were filled with rebellion that we were not permitted to enjoy our father as other children did and as we watched his thoughtful brow we seemed to feel in some way we were being robbed of our lawful right.

We will give in this paper a short synopsis of the life and incidents that led to the study of medicine by our father, Dr. David Beach, and to us "The Doctor," and thus describe some of the early Eclectic Physicians and their works.



He was one of a family of thirteen children, the seventh and youngest son born in 1815 A. D., sixty miles above Cincinnati, Ohio.

In his early boyhood they had Typhoid Fever in the family and not one of them escaped having it, and, strange to say, none died but the mother. She took it after she had cared for all the others and father always said her skill saved the others, but herself she could not save.

On returning from a flatboat trip to New Orleans he fell unconscious, stricken with cholera. This was the visitation of that plague in the years 1832 and 1833.

Soon after this recovery he went to Marion county, Ohio, to visit an older brother, a lawyer who had just married. He was engaged to the wife's sister, but in less than a twelve-month both sisters died of the white plague (tuberculosis). Was not this enough to make him think?

A year later he married a younger sister. When the first child came it was a malpresentation that resulted in a twisted ankle.

He was disgusted with the leech, the lancet, blistering and mercury of the M. D.'s of those days and said to his young wife, "There must be a better way and I have a relative (Woo-ster Beach) who says there is, and if I must bring up a family I will find it."

So he started for Worthington, the location of the then Eclectic School or Institute.

He spent two years in study and it has always been a marvel to us how he accomplished so much in that time. It must have been he craved the knowledge.

We suppose he was master only of the three R's. and a surveyor when he entered the institute and came out a Latin scholar, a botanist, a pharmacist and a physician, but at the age of twenty-four two years of solid study worked marvels.

Those early Eclectics did not have our Specifics and fine extracts and tinctures, as many of their remedies were prepared by themselves with crude methods and implements. Still the times were big with opportunities and they laid the foundation of our Materia Medica of today. They were brave men and brainy. Students of drugs and nature, testing and proving all that came into their hands, searching for new remedies and testing them by the bedside of their patients. Experience gave practical knowledge and they had unbounded confidence in themselves with their proven remedies.

We once heard our father say to his brother, "Stephen, there are plants in your sugar grove-wooded pasture that will cure all the ills that human flesh is heir to," and he fully believed it.



We have since looked over that country. There was the podophylum, lobelia, sanguinaria, apocynum, hydrastis, leptandra, eupatorium, asclepias, thuja, verbascum, wahoo, ginseng, xanthoxylum, phytolacca, collinsonia, iris, uvedalia, cimicifuga, caulophyllum, mitchella, trifolium and many others, besides every garden had its chamomile, crocus or saffron, yarrow, pennyroyal, tansy, wormwood, anise, peppermint, wintergreen, sage, catnip, etc.

We shall never forget seeing our brother carried in very sick and limp as a rag. When asked what was the matter he said: "Papa talked so much to the man what that plant would do we thought it must surely be good to eat and we ate some." He had gone with father to gather plants and it was lobelia that he had eaten, much to his discomfort.

We naturally value most costly things, and the use of lobelia cost one of our earliest medical reformers dearly. For Dr. Frost spent three months in prison because of it. So Dr. Samuel Thomason was tried for murder, although he and Dr. Manassah Cutler, LL.D., introduced it.

In this case it was proved that he used marsh rosemary and was acquitted. Through these two trials the name of lobelia became odious to the old school and they have never gotten over their dislike or prejudice. Lobelia was used as a domestic remedy and by the Penobscot Indians. The first account of it we find in 1785. Much of the wonderful success of the early Eclectics, we think, they owe to the use of this drug and its combinations. We do know father thought it one of his sheet anchors. We think it Providential that this band of men arose just when needed to grasp and fix in our armamentarium all that lo, the poor Indian could give us when at their best. Our echinacea was the Sioux Indians' remedy for the bite of the rattler.

Our father was a great reader and thoughtful man, so he was called to talk on all new subjects. To answer the suffragists, to lecture on phrenology, the so-called spiritual manifestation, mesmerism, etc. He was a lover of astronomy and a believer in the nebular theory and an omnivorous reader. He sought all new books, especially those that dealt of science or occult subjects.

The amount of work those early Eclectics accomplished was prodigious. Many of their own medicines were prepared by themselves and father had his labels stereotyped and printed them in his office, and even made their own boxes, and we think them very simple and unique. They were three-cornered and square, made of pasteboard and the pasted label held them together.



Father always kept in his office of his own make, five kinds of pills: Antibilious, cathartic, liver, ague and female; worm and cough candy, cough lozenges, painkiller, neutralizing cordial and antispasmodic tincture, their elixirs and syrups, diaphoretic, emetic and many other powders.

Are we going to lose all this and be absorbed? It remains for us to say.

Hume, Voltaire, Tom Payne, A. J. Davis, Roy Sunderland, Darwin, with his evolution, descent of man, origin of species, etc. And after an evening spent with one of these new books, he would go to the piazza, where the heavens were visible, and sing this hymn by Joseph Addison:

"The spacious firmament on high,  
With all the blue ethereal sky,  
And spangled heavens a shining frame,  
Their great Original proclaim.  
The unwearied sun, from day to day,  
Does his Creator's power display  
And publishes to every land  
The work of an Almighty hand.

"Soon as the evening shades prevail,  
The moon takes up this wondrous tale,  
And nightly to the listening earth  
Repeats the story of her birth,  
While all the stars that around her burn  
And all the planets in their turn  
Confirm the tidings as they roll  
And spreads the truth from pole to pole.

"What though in solemn silence all  
Move round this dark terrestrial ball?  
What though no real voice or sound  
Amid the radiant orbs be found  
In reason's ear they all rejoice  
And utter forth a glorious voice,  
Forever singing as they shine,  
The hand that made us is divine."

#### **A PECULIAR EXPERIENCE WITH SANTONIN.**

**J. Fraser Barbrick, M. D., Los Angeles.**

(Read before the California Eclectic Medical Society.)

On January 24, 1912, I was consulted about a case which, from the history given by the husband, suggested pernicious vomiting of pregnancy. When I called at the patient's resi-



dence I found a young woman, well nourished, seemingly in good health, and giving the following history and symptoms: Married one year; health always good; both parents dead; last menses July 6 to 10, 1911. With pregnancy she became nervous and came to California from the East on partly a health and partly a honeymoon and sightseeing tour. The ordinary nausea of pregnancy was no worse than usual, and until quickening, nothing occurred to alarm her, though the nausea and vomiting never wholly ceased. With quickening the nausea became almost constant and vomiting took place at any time, though more in the form of gagging than expulsive emptying of the stomach.

About a month before I was called, new symptoms had appeared in the shape of fainting and confused spells, with colicky abdominal pains; and it was these latter troubles that sent her to seek medical advice, and she called on Dr. Munk, to whom she had been referred by her family doctor in case she needed a physician. Dr. Munk prescribed for her and the remedy given was Santonin, which acted remarkably well, comparatively relieving all symptoms for about ten days. Santonin was administered on the theory that the conditions present were due to reflex irritations. (See Ellingwood, *Mat. Med. & Ther.*, pp. 729-730; and Munk, *Am. Med. Journal (Ecl.)*, St. Louis, Mo., January, 1898; and *California Eclectic Medical Journal* for January, 1912), and the beneficial results certainly justified its use and proved the correctness of the diagnosis and one of the specific actions of, and indications for, the remedy.

Dr. Munk, being out of the city about this time and having advised the patient to call me in case a physician was needed while he was absent, a return of the symptoms brought me into the case. Examination showed everything normal, patient well nourished and healthy, in spite of the statement of both herself and husband that she vomited each meal, which I am sure was a mistake. She was nervous, constipated and had fainting spells. I suspended all other remedies and gave cerium oxalate for vomiting, cascara for bowels and advised corrections in diet such as morning meal in bed and feeding lightly every four hours, etc. I took a sample of urine passed at the time of my first call and instructed her to save and measure twenty-four hours' urine and send another sample to my office by her husband.

Now comes the peculiar part. Urinalysis showed color dark yellow, no turbidity, Sp. Gr. 1.008, albumin negative, urea output 12 grams to the liter and an active reduction of copper in the test for sugar. This unfavorable and peculiar



urinalysis result alarmed me and I anxiously awaited the next sample, which came January 28th and showed as follows: Amount saved, 40 oz. The cascara had moved the bowels freely; patient had had four movements in the twenty-four hours and passed water each time, so I estimated the total amount of urine passed was 52 ounces, and made the analysis on that basis. Color light straw, no turbidity, Sp. Gr. 1.018, test for albumin negative, test for sugar, reduced Fehlings Sol. slowly, urea 18 grams to liter. Vomiting and nausea some better, but nervousness, oppression around the heart and fainting spells worse. I then gave amygdalus and ipecac for the nausea and vomiting, pulsatilla and bromide of sodium for the nervousness. This treatment relieved some, but not wholly.

February 1st. I had another sample of urine, which I found normal clear through, there being no reduction of either Fehling's or Hain's Sol. of copper and the urea output being 22 grams to the liter. The patient now complained of insomnia and wanted to know if she could not take one of the little tablets Dr. Munk gave her, as they always gave her a good night's rest. The doctor having returned, I 'phoned and consulted him about the case and he gave me the information which I had not had till then, that the little tablets were one-quarter grain Santonin, and we decided she could take one at bedtime as needed for sleeplessness. All symptoms now being relieved and the urine normal, we were all feeling easier, when February 5th, I received another sample of urine for analysis and, to my surprise, found an active reduction of copper again. I discussed the matter with Dr. Munk and some of our men at the college, and as the patient was doing satisfactorily in other respects and was now sleeping well, the only change made in the treatment was to suspend the nightly dose of Santonin, not doing so with any thought of the Santonin having anything to do with, or being the cause of, the positive reaction with copper, but simply because there was no further need for a remedy for the insomnia.

The following week another urinalysis gave a negative copper reaction, and now I surely was puzzled. Patient was doing well and was now considering the advisability of going home for accouchement, which was expected early in April, and wanted advice as to the safety of a trip from Los Angeles to Baltimore, Md., in her condition, she being within about six weeks of her time. As everything seemed normal and the patient had her mind set on having the child in her own home, after another negative urinalysis, consent was given and she passed out of my care.

This lengthy review of the case is given that you may see the case just as I found it, and the purpose of the article is to



discover, if possible, what caused the peculiar urinary reactions. Was it the Santonin? To determine this I have thus far made the following experiments: Solutions of Santonin, one of 5 grs. in alcohol 8 oz. and another of 1 gr. in 10 oz. distilled water (1 grain of Santonin is soluble in 5200 minims of water); both failed to reduce Fehling's or Hain's Sol. of copper. These tests were made with the view to determine if there was anything in the Santonin itself which, if eliminated unchanged, would give a reaction to copper. The urine of a child of four to whom I gave divided doses up to 2 grains each of Santonin and Calomel for worms, gave no reaction. After four one-quarter grain doses of Santonin, samples of my own urine failed to react to copper solutions; and samples of the urine of one of the students of the California Eclectic Medical College, to whom I gave six one-quarter grain doses for six consecutive nights, failed to respond to the copper test, although in the last case the specific gravity of the urine was 1.030.

Not being in general practice, I have been unable to administer it in the pregnant state since, and therefore I am not prepared to make any definite conclusions in the matter other than that undoubtedly the Santonin influenced metabolism in the case cited in some unknown manner, whereby some copper-reducing substance was eliminated in the urinary secretions: or something in the pregnant state, or some peculiarity of the patient's condition or idiosyncrasy of the patient, influenced the metabolism of the Santonin in some unknown manner, with the same results.

As we, as a school of definite medication, should severally and collectively investigate all such phenomena, I have felt justified in presenting these facts to you, that those who have had greater experience may enlighten us, or those who have better opportunities may investigate further if it seems worthy of investigation, and later give us the benefit of their findings if they are of value, or dismiss the matter if they are not.

In conclusion I would say that the urea output was lessened in each sample tested after administering the Santonin, and the Sp. Gr. lowered slightly in all, even in the student's case; for in that case a sample taken later, after the effects of the Santonin had passed, showed a Sp. Gr. of 1.038, but no sugar. The very high Sp. Gr. in this case was given by our professor of chemistry as due to an enormously excessive output of chlorides, sulphates and phosphates, though no apparent cause could be found to account for this excess.



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## C. E. M. C. COMMENCEMENT.

Another college year has just closed, and congratulations should be offered to the faculty as well as the student body. Both have worked earnestly during the long grind and the product is excellent. Eight young men and women have been found fully prepared to enter the ranks of the medical profession and upon each one has been conferred the degree of Doctor of Medicine. They depart from the Alma Mater with the well wishes of their fellow students and the benedictions of the faculty.

We are quite certain that they will prove their worth among their fellow men and make the year 1913 remembered in college annals.

## ANTITYPHOID VACCINES.

At various more or less opportuned times, we have advised against the use of antityphoid vaccines, not because we had a particular objection to this vaccine, but because so much has been promised in the name of the various sera and vaccines and so little delivered. So far as we are aware, antidiphtheritic



serum is the only one generally accepted and commonly used by even the "regulars." A rather poor showing for three decades of hard work, is it not?

Antityphoid vaccines have been widely advertised to the laity, and generally used in the army of the United States, as well as the armies of the various nations of the civilized world. Many very enthusiastic reports were published in regard to its efficiency a year or two ago. More recently a tone of pessimism has crept in, and soon the whole matter will be forgotten.

The following article is published because the writers are generally recognized as authorities.

### **POSSIBLE CONTRAINDICATIONS FOR ANTITYPHOID VACCINES.**

There is increasing evidence that the injection into our bodies of dead pathogenic bacilli of any kind will cause an immunity against living bacilli of the same species. Although these facts have been known for nearly twenty-five years, no one knows as yet how long the immunity will last, but every one has hoped that it would be long enough to enable us to put the discovery to practical use in times of epidemics. In Asia, most attention has been given to the prevention of plague, cholera and bacillary dysentery by this method, while in America and Europe typhoid fever has been the object of attack. The results reported so far are exceedingly favorable, but the medical profession, remembering the sad history of tuberculin when it was given in large, fatal doses, has hesitated as to adopting the new prophylactic method. This caution was wise, for it has been reported by Spooner\* that typhoid vaccine has had the effect of activating non-typhoidal disease which was latent or chronic at the time of the injection. Combe and Louis of Paris also report\*\* that considerable care must be exercised to exclude other diseases before vaccination for typhoid is undertaken. They lay special stress on the contraindications for the use of typhoid vaccines, claiming that antityphoid vaccination ought not to be preformed except in perfectly healthy subjects. Any acute affection, even the minor infections, such as sore-throat, pains in the limbs, influenza, enteritis, stomach troubles with fever, coryza, bronchial and pulmonary affection, acute gonorrhea, primary and secondary syphilis are sufficient to exclude its use. Most chronic affections are more important as possible contraindications. Special attention should be paid to the suspected tuberculosis individual who, if inoculated with typhoid vaccine, may have a constitutional reaction with a rise of temperature, lasting for

\*Journ. Amer. Med. Assoc., October 12, 1912.

\*\*Le Monde Medical, English Edition, January, 1913.



several days. This is really the fever of tuberculosis, the injection of typhoid antigen thus producing the same effect as tuberculin. An abnormal reaction in a subject who does not present any obvious trace of this disease, in the absence of a previous attack of typhoid, according to these authors, must be suspected of latent tuberculosis. In cases with a history of past tuberculosis, though apparently cured, and in which the general health is satisfactory, antityphoid vaccination, if required, should be given cautiously—five injections instead of four in the following doses:  $\frac{1}{4}$  c.cm.,  $\frac{1}{2}$  c.cm., 1 c.cm., 1.5 c.cm., and 2 c.cm.  $\frac{1}{4}$  c.cm. is given to begin with in order to estimate the susceptibility of the individual. After giving this first injection the patient should be instructed to take his temperature; and, if the constitutional reaction that follows is at all marked, it is preferable to discontinue the vaccination. Combe and Louis claim that malarial subjects may undergo the treatment in the intervals between the attacks. However, it is necessary to give them fifteen grains of muriate of quinine with each injection, seven hours before the usual time for the onset of the attack. Failing this precaution, the injection of vaccine acts as would a chill, a fatigue or an injury, viz., it may awaken a malaria which is dormant and bring on the attacks. Inactive syphilitic subjects who are not debilitated bear no contraindications to this vaccination.

Cachexia from any cause, organic heart or kidney disease, diabetes, mucous colitis are held as contraindications. The vaccine is reported as producing albumin in the urine, or disease having albuminuria, but this is the same effect produced, without harm to the patient, by the injection of any alien albumin.

In females during the menses and in debilitated, exhausted, fatigued subjects, vaccination had better be postponed to a later date and proceeded with as soon as the general health is judged satisfactory.

As an immunizing agent must be safe in any and all conditions, Combe and Louis believe that it will be absolutely unsafe to adopt this procedure in civil life, for reasons already mentioned.—Ed. Interstate Med. Jour.

#### **SOCIETY CALENDAR.**

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.



Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

#### **SAN FRANCISCO ECLECTIC COUNTY SOCIETY.**

The San Francisco Eclectic County Society met in the Pacific Bldg., Tuesday evening 8:30 p. m., May 6, 1913. The meeting was called to order by Dr. A. Florence Temple, State President, who acted as Chairman, appointing Dr. W. Hunsaker Secretary pro tem.

Regular order of business. Communications were read from members in re—the resuscitation of the Society, and expressing pleasure, yet unable to attend on that particular evening. Phone messages were received as well, expressing regret at being unable to attend, and offering congratulations.

The Chairman stated that twenty-three notices to physicians, including those in the Bay Cities, had been sent out.

Dr. W. Harvey read an article on the Friedman Tuberculosis Cure, followed by general discussion.

The Society will meet Thursday evening, 8:30 p. m., June 5th, Pacific Bldg., when the officers will be elected for the ensuing year.

Thanking Drs. Harvey, Hunsaker, Gere and Clarke for the use of their offices for the meeting.

Meeting adjourned.

Fraternally, A. FLORENCE TEMPLE.

#### **COLLEGE NOTES.**

**Herbert T. Cox.**

The Seniors have passed through their long list of finals more or less battle-scarred, and now feel greatly relieved. But their joy will be only momentary, as in a few days they will again settle down to good solid study preparatory to taking the State Board. This will be the main occupation of them this summer. The Underclassmen are now well through with the majority of their examinations, and are already anticipating the pleasure of being classed one notch higher next year. They will spend their summer vacations in various ways, and all be ready for a good, hard grind next September when the Thirty-fifth annual session opens.

The faculty held their meeting May 13th to discuss the candidates for graduation and their verdict was to graduate



the following eight seniors: Thomas C. Young, Augusta S. De Angelis, Franz S. Kuspiers, Henry J. C. Sprehn, Meritt M. Ring, Alphonette W. Goff, Homer R. Evans and Herbert T. Cox.

The commencement exercise will be held in Lincoln Hall, Walker Auditorium Bldg., 730 S. Grand, Thursday evening, May 22, 1913, at 7:30 p. m. The principle address of the evening will be "The Oath of Hippocrates," by Hector Alliot, Sc. D., Curator of the Southwest Museum. Prof. A. P. Baird will give the "Address on behalf of the Faculty." Prof. J. A. Munk will give the Dean's Report for the College year just passed. Prof. O. C. Welbourn will confer the degrees, and Prof. W. C. Bailey will give the Invocation and pronounce the benediction. Musical numbers will be under the direction of V. D. Tomethi.

F. C. Calloway and family left May 13th for Missouri, where Mr. Calloway will spend the summer near his old home.

E. R. Petsky, M. D., one of last year's graduates, has removed to this city from Imperial, where he has been located for several months.

Prof. J. F. Barbrick has returned from Europe and he is now putting in his time in New York, but intends to be here by the opening of College.

Prof. Oran Newton is going to take a short vacation beginning May 24th. He is going to take in the State Society meeting while on his trip.

The reports from headquarters show that there is prospect for a large class of freshmen entering next fall. It would be a fine thing for everybody concerned, for the Alumni and all Eclectic physicians in the western states to look about them for suitable or prospective medical students. If you need an assistant or if there is room for two or more Eclectics in your location or nearby, by all means hunt up a student and send him to the California Eclectic Medical College, and the College will promise to return him to you in four years, well educated in all necessary branches. At least mail the names of high school graduates who will be interested in looking over catalog. All additional information will be gladly given by Dean J. A. Munk, or Secretary, Dr. H. Ford Scudder, when addressed at 337½ S. Hill St., Los Angeles, Calif.

#### NEWS ITEMS.

Dr. A. De Monco has removed from the Grosse Bldg., to the L. A. Investment Bldg., Los Angeles.

Dr. E. R. Bond, formerly of Phoenix, Arizona, has come to California and will locate here.

Dr. and Mrs. E. R. Petskey, formerly located at Imperial,



have gone to Scotland to visit the Doctor's parents. Dr. Pet-skey will also take post graduate work while abroad.

The commencement exercises of the California Eclectic Medical College was held on the evening of May 22, 1913, and was an enjoyable affair, and was well attended.

Drs. J. A. Munk, H. Ford Scudder, H. C. Smith and O. C. Welbourn attended the meeting of the State Society in San Francisco which was held during the last week in May.

Dr. and Mrs. S. A. Goyette were recent callers while in the city. They were enroute from Cincinnati, Ohio, to their future home in Northern California. Dr. Goyette was a member of this years graduating class of the Eclectic Medical College.

Married—Dr. Oran Newton, Long Beach, and Miss Pearl Ames, Chico, on Sunday, May 25. The Journal extends heartiest congratulations to Dr. Newton and his bride, who will make their home in Long Beach, where Dr. Newton and Dr. Perce are associated in practice.

The recent legislature of California passed a Medical law which is very different from the present one. There seems to be some dissatisfaction concerning the advisability of adopting it, and many applications are being sent to the Governor asking him to use his power of veto. If this legislation becomes a law, we will give a resume in our next issue covering all the principal points.

In an exchange we notice the advertisement of a Doctor wanting an assistant. "Must be able to diagnose and do 12 to 15 major operations a week, mostly laparatomies, and look after them," also management of hospital, etc. Must be experienced. All this for \$3000 a year, which means the average fee for each laparotomy, diagnosis and after care would be \$4.79 or less. No doubt there will be a rush of applicants for this lucrative position.

### **THE PHYLACOGEN TREATMENT FOR RHEUMATIC INFECTIONS.**

Since the announcement, some time ago, of the large percentage of recoveries following the use of Rheumatism Phylacogen in over thirteen hundred cases of rheumatism—results reported by clinicians in various sections of the United States—interest in this new bacterial derivative has developed to a very marked degree. Physicians everywhere are demanding information in regard to this therapeutic agent; an agent which appears to produce recoveries in at least 85 per cent of cases—and that, too, in a disease that for hundreds of years has been a stumbling-block to the medical profession.

What is the scope of the new product? In what forms of rheumatism is its use indicated? These questions are being



asked. We are glad to be able to answer them—in a general way, at least. From the literature on the subject it is learned that Rheumatism Phylacogen is applicable to acute rheumatic fever, acute articular rheumatism, acute inflammatory rheumatism Phylacogen, properly administered, affords presumptive myalgia, rheumatic neuralgia, rheumatic iritis, lumbago, sciatic—in short, to all pathological conditions due to infection by the *Streptococcus Rheumaticus*. From the same source are gathered these suggestive hints upon the subject of diagnosis: "True rheumatism must be differentiated from septic arthritis, tubercular arthritis, gonorrheal arthritis, gout, arthritis deformans, traumatisms, etc. The failure of Rheumatism Phylacogen, properly administered, affords presumptive evidence of an error in diagnosis." In the case of chronic rheumatic conditions stress is laid upon the fact that continuous treatment for three or four weeks may be necessary. If, however, the patient does not show continuous improvement, it is urged that the treatment be discontinued and a careful re-examination made so that the exact pathological condition may be determined.

Other phases of the Phylacogen therapy—as questions of dosage, reactions, methods of administration, etc.—might very properly be considered at this juncture. These, however, are subjects that cannot be adequately discussed within the limits of this article. They are fully treated in the Phylacogen literature, issued by Parke, Davis & Co., and procurable by any physician upon request to the home offices at Detroit, Michigan.

### GLYCO-THYMOLINE.

Most all drugs have at one time or another been used in the effort to bring comfort and relief to the patient suffering from general pruritis.

It is generally conceded that lotions are perhaps the most efficacious and least "messy" way of applying medicants.

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The GLYCO-THYMOLINE should be used full strength. In local cases a good way is to keep a soft cloth moistened with GLYCO-THYMOLINE applied to the parts; this is almost certain of good results.



**THE THERAPY OF NEUROTIC STATES**

The bromides have served no more useful purpose than in those unstable nervous states so frequently met with in women, and yet owing to this very instability their administration must be supervised with the greatest care if the patient is to be guarded from the disadvantages which accompany the use of these salts.

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**COD LIVER OIL IN DEBILITATED STATES**

The response of general debility, particularly if following an acute disease process, to cod liver oil, in a large measure, depends upon the form in which the oil is given. As to the power of cod liver oil to supply the tissues with nourishment there can be no question, but as in most of the conditions indicating cod liver oil there is impaired digestive function, it is clearly obvious that unless care be shown in the choice of preparation, too great a strain will be thrown upon the gastric powers with consequent defeat of purpose. In this connection it should be remembered that while Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains the nourishing elements of the cod liver oil, it is palatable in the highest degree and does not cause the distress following the use of the oil not so treated. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) will prove acceptable to delicate stomachs, a feature that makes it of unusual value in debilitated states.



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In the nervous trials of women originating in perverted menstrual function, PASADYNE (Daniel's) has been found to serve a highly useful purpose. It possesses the two-fold advantage of distinct therapeutic potency and freedom from the danger of fastening upon the patient a drug habit or other evil effects of administration. In estimating the virtues of PASADYNE (Daniel's) which is the Concentrated Tincture of *Passiflora Incarnata*, it is well to remember that while easily the peer of the various habit-forming remedies in therapeutic power it possesses none of their disadvantages which so frequently operate to nullify their good qualities. For these reasons in the nervous disorders of women, PASADYNE (Daniel's), finds one of its greatest fields of usefulness. Each year an appreciation of *passiflora incarnata* as represented by PASADYNE has become more widely spread through the profession; in the hands of many physicians it has entirely supplanted other calming agents. A sample bottle may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga.

### TO CONVERT FAHRENHEIT INTO CENTIGRADE DEGREES.

Subtract 32 from the term in Fahrenheit. Divide the remainder by 0.9. Then divide the quotient by 2. The result will be the degrees in centigrade.

Examples: Reduce, respectively, 105 deg. F., 106 deg. F. and 98.6 deg. F. (normal) to centigrade degrees.

(a) 105 minus 32 equals 73—73 divided by 0.9 equals 81.1 deg.—81.1 divided by 2 equals 40.5 deg. C. (Answer.)

(b) 106 minus 32 equals 74.—74 divided by 0.9 equals 82.2.—82.2 divided by 2 equals 41.1 deg. C. (Answer.)

(c) 98.6 deg. F. minus 32 equals 66.6.—66.6 divided by 0.9 equals 74.—74 divided by 2 equals 37 deg. C. (Answer.)

### TO CONVERT CENTIGRADE INTO FAHRENHEIT DEGREES.

Multiply the term in centigrade by 2, then multiply the product by 0.9 and add 32. The result will be the degrees in Fahrenheit terms.

Examples: Reduce, respectively, 39.5 deg. C., 40 deg. C. and 37 deg. C. (normal) to Fahrenheit degrees.

(a) 39.5 deg. C. multiplied by 2 equals 79.—79 multiplied by 0.9 equals 71.1.—71.1 plus 32 equals 103.1 deg. F. (Answer.)

(b) 40 deg. C. multiplied by 2 equals 80.—80 multiplied by 0.9 equals 72.—72 plus 32 equals 104 deg. F. (Answer.)

(c) 37 deg. C. multiplied by 2 equals 74.—74 multiplied by 0.9 equals 66.6.—66.6 plus 32 equals 98.6 deg. F. (Answer.)



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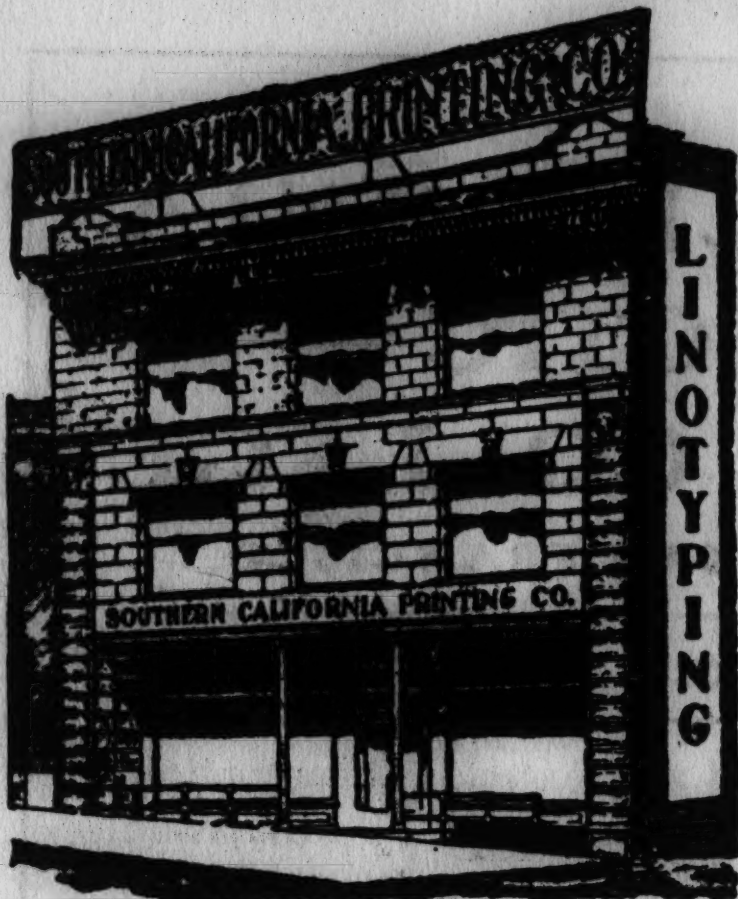
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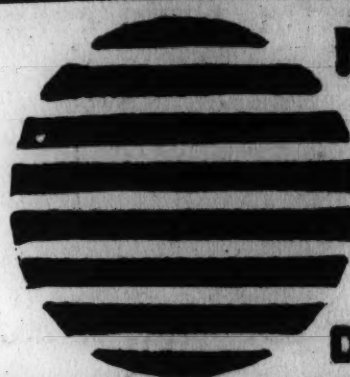
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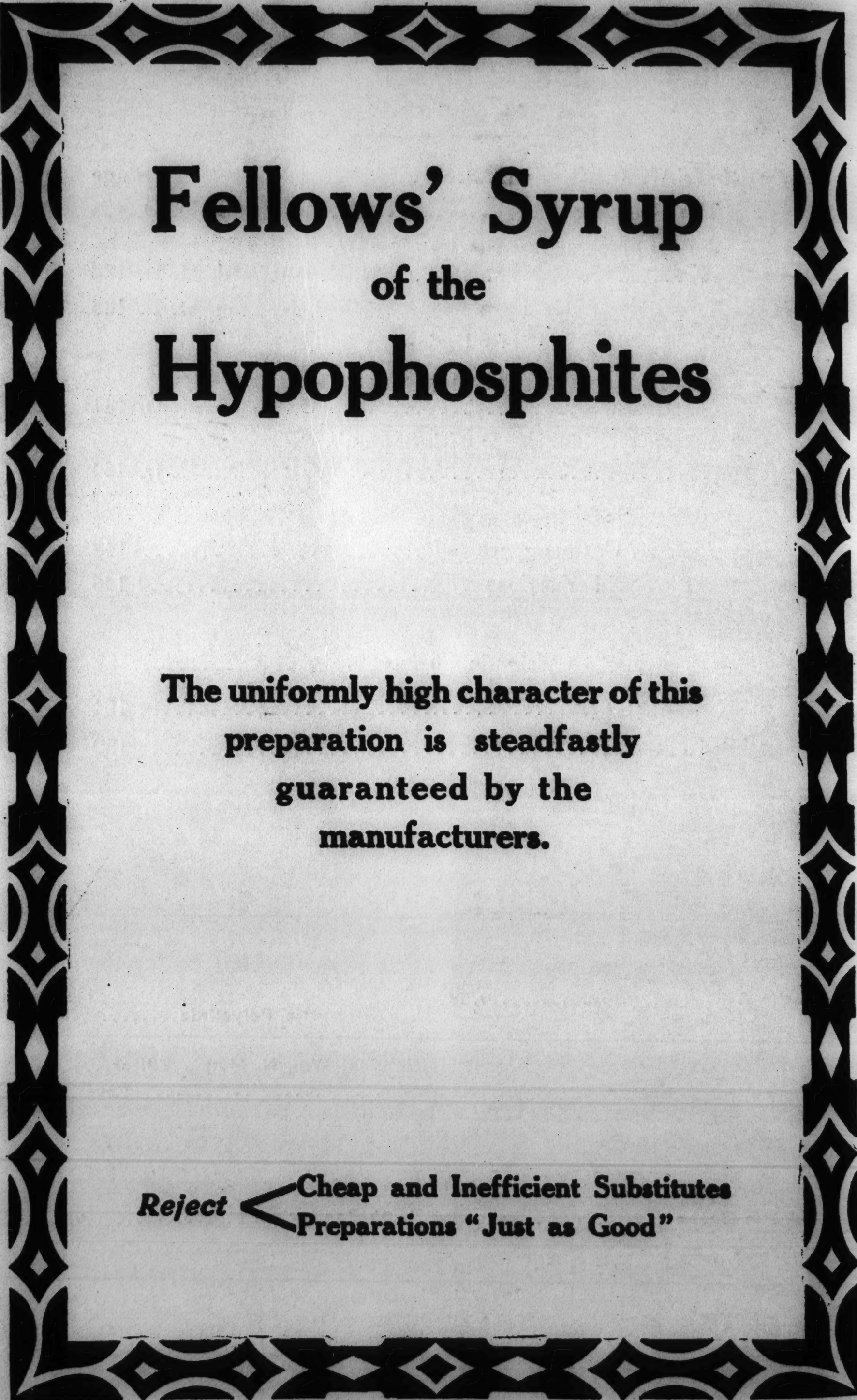
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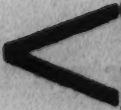
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